



**STATEMENT OF PROCEEDINGS FOR THE
REGULAR MEETING OF THE
LOS ANGELES COUNTY COMMISSION FOR
CHILDREN AND FAMILIES
KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 739
LOS ANGELES, CALIFORNIA 90012
<http://lachildrenscommission.org>**

Monday, April 28, 2014

10:00 AM

AUDIO LINK FOR THE ENTIRE MEETING. (14-1992)

Attachments: [AUDIO](#)

Present: Chair Genevra Berger, Vice Chair Susan F. Friedman,
Commissioner Carol O. Biondi, Commissioner Patricia Curry,
Commissioner Ann E. Franzen, Commissioner Sydney Kamlager,
Commissioner Adrienne Konigar-Macklin, Commissioner Adelina
Sorkin LCSW/ACSW and Commissioner Martha Trevino-Powell

Excused: Vice Chair Steven M. Olivas Esq., Commissioner Candace
Cooper, Commissioner Dr. Sunny Kang, Commissioner Helen
Kleinberg and Commissioner Becky A. Shevlin

Call to Order. (14-1881)

The meeting was called to order at 12:10 a.m.

I. ADMINISTRATIVE MATTERS

1. Introductions of April 28, 2014 meeting attendees. (14-1882)

Self-introductions were made.

2. Approval of the April 28, 2014 Meeting Agenda. (14-1883)

**On motion of Commissioner Sorkin, seconded by Vice Chair Friedman
(Commissioners Cooper, Kang, Kleinberg, Shevlin, and Vice Chair Olivas
being absent), this item was approved.**

3. Approval of the minutes from the meeting of April 14, 2014. (14-1884)

On motion of Commissioner Trevino-Powell, seconded by Commissioner Kamlager (Commissioners Cooper, Kang, Kleinberg, Shevlin, and Vice Chair Olivas being absent), Commissioner Sorkin abstaining, this item was approved.

Attachments: [SUPPORTING DOCUMENT](#)

II. REPORTS

4. Chair's report for April 28, 2014 by Geneva Berger, Chair. (14-1885)

Chair Berger reported the following:

- **The next Commission meeting will be held on May 5, 2014.**
- **The Commission's 30th Anniversary is May 8, 2014. The Commission will be presented a scroll at the Board of Supervisors meeting on Tuesday, May 6, 2014. Commissioners are encouraged to attend.**

By Common Consent, there being no objection (Commissioners Cooper, Kang, Kleinberg, Konigar-Macklin, Shevlin, and Vice Chair Olivas being absent), the Commission accepted the Chair's Report.

5. Department of Children and Family Services Director's report for April 28, 2014 by Philip Browning, Director. (14-1886)

Director Browning reported the following:

- **The Chief Executive Office (CEO) issued a review on April 18, 2014 of the Blue Ribbon Commission on Child Protection's (BRCCP) Preliminary Report submitted to the Board of Supervisors (Board) in December of 2013. The BRCCP issued their Final Report to the Board on April 18, 2014. The BRCCP presented their recommendations to the Board on April 22, 2014. In response to the recommendations, DCFS, CEO and County Counsel were tasked with a report back to the Board on May 20, 2014.**
- **The Department compiled a report comparing child welfare recommendations received from several entities over the past five years with the BRCCP recommendations. Findings indicated that the BRCCP Report did not have any new recommendations. The majority of recommendations have been fully or partially implemented. Legislative limitations prevented implementing some of the recommendations.**

- The Title IV-E Waiver, Sex Trafficking and Affordable Care Act will be topics discussed during the Board's annual visit to Washington D.C.

By Common Consent, there being no objection (Commissioners Cooper, Kang, Kleinberg, Shevlin, and Vice Chair Olivas being absent), the Commission accepted Director Browning's report.

6. Update on the Commission's activities.

- Sylvia Drew Ivie, Commission Executive Liaison (14-1892)

Ms. Drew Ivie reported on the following:

- DCFS Independent Living Program (ILP) Committee has established a subcommittee to explore social media as a means of remaining in contact with youth once they have exited the foster care system. Reporting on the status of these youth after exiting the system is a requirement of the Federal Chafee Grant. There is a need to understand and utilize social media better. The Alliance for Children's Rights, Public Counsel and Children's Law Center are assisting in identifying young people, to instruct the ILP subcommittee on effectively using social media for these purposes. Commissioner Patricia Curry is a member of the ILP Committee.
- Passage of Assembly Bill 1902 (Bonta) (AB 1902) would eliminate the current requirement to assess fees on low-income families with children who attend a part-day State preschool program. Fees for low-income families are a barrier for enrolling their children in preschool. The County is in support of this legislation.
- Los Angeles Times featured an article by columnist Sandy Banks on Parent-Child Interaction Therapy (PCIT) in the April 18, 2014 issue. The column is titled, "Even the best parents can use an assist in helping troubled children." There are currently 20 providers offering PCIT in Los Angeles County, an additional 20 are planned to offer PCIT in 2015.
- The Visitation Committee, in which Commissioners Berger, Franzen, Kleinberg and Sorkin participate on, had a recent meeting with community providers, Shield's and Friends of Families. The community providers presented on the strengths and challenges of their visitation programs. The next Committee meeting will include a presentation from Grace Resource Center.

By Common Consent, there being no objection (Commissioners Cooper, Kang, Kleinberg, Shevlin, and Vice Chair Olivas being absent), the Commission accepted Ms. Drew Ivie's report.

III. PRESENTATION

7. Update by the Department of Children and Family Services (DCFS) on the Strategic Plan.

- **Fesia Davenport, Chief Deputy Director (14-1891)**

Ms. Davenport explained that the presentation will focus on the status of the Katie A. Settlement due to the postponement of DCFS Strategic Plan, Update to the Board of Supervisors (Board) and reported the following:

- **The Strategic Plan Update to the Board is scheduled for May 13, 2014.**
- **The Katie A. Settlement is a class action lawsuit agreement between foster children and the State and County. The lawsuit prompted the County into evaluating the mental health needs of children in the child welfare system. The County exiting the lawsuit is conditioned upon meeting certain criteria. The exit conditions comprise of three components:**
 - 1. Katie A. Strategic Plan (Plan)**
 - 2. Improved Quality Service Reviews (QSR)**
 - 3. Meeting Katie A. Outcome Measures**

Katie A. Strategic Plan

Mark Miller, Assistant Division Chief, DCFS Katie A., Coordination reported the following:

- **Katie A. Settlement Agreement (Agreement) is overseen by the federal court. An Advisory Panel of experts in the areas of mental health and child welfare act as overseers to the County's Agreement. The original settlement was made in 2002, with various iterations since. In 2011, the State settled their portion of the Agreement.**
- **The County's Agreement focuses on implementation of key strategic initiatives associated with meeting mental health needs of children along with outcome indicators and the QSR's. The States Agreement aligns with the County's and adds continuity of mental health funding.**

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- The Plan includes early mental health screening and assessments. A commitment of resources from the Department of Mental Health (DMH) and DCFS was made to institute the use of a mental health screening tool and the implementation of Coordinated Services Action Teams (CSAT) located in the regional offices to ensure that every child is screened for mental health service needs. In addition, DMH staff has been co-located in the DCFS regional offices.

Greg Lecklitner, DMH District Chief reported the following:

- In 2003, approximately 3% of DCFS open case population received mental health services. In 2012, over 70% received mental health services. This significant increase is partly attributed to additional mental health funding and co-located DMH staff in DCFS offices. Approximately 85% of youth are screening positive on the mental health assessment tool and are referred to the DMH co-located staff. As part of the screening process, the DMH co-located staff determines the acuity of the mental health need and categorizes as acute, urgent or routine need. The referral process moves those with acute and urgent needs to a priority status.
- Mr. Miller explained that the funding of mental health services is a significant part of the State's Agreement, allowing access and flexibility with the funding of services while the children and youth are in the child welfare system and beyond. A major component of the Plan is the improvement of practices in the way Social Workers collaborate with community partners and the families and communities served. There is strong emphasis on training, coaching, and supervision to front line practices. The Plan includes increased access and evaluation of the quality of practices without disconnecting the work and caseload conditions of staff.
- Mr. Lecklitner responded to questions posed by the Commission and explained that there are two screening tools; one designed for children aged zero to five, and the other tool for children five years of age and older. Due to the nature of the DCFS population, emphasis was focused on zero to three and zero to five age ranges. Over the last few years there has been a significant improvement in the ability to identify the mental health needs and services available to this young population. There are a number of Evidence Based Practices implemented for the zero to five population including Parent Child Interactive Therapy.

Mr. Miller continued the presentation reporting the following:

- **A referral tracking system was implemented to track the timeline from initial point of contact to referral and linkage to services. Tracking reports are provided to the Katie A. Advisory Panel and the Board three times a year.**
- **Efforts towards the expansion of Wraparound Services are ongoing. The current Agreement requires that 3,000 active Wraparound slots be kept, currently there are approximately 2,200 youth receiving Wraparound Services. Additionally, discussions are underway with the State pertaining to the implementation of Treatment Foster Care (TFC). TFC is a higher level of foster care with a specific mix of services and supports to meet the mental health needs of children or youth in a foster care setting. The current Plan calls for a benchmark of 500 TFC slots. The challenge in meeting this standard is impart due to recruitment and the retention of providers as well as funding. To address this, DCFS has been working with the State to obtain increased application of mental health funding for key aspects and services to recruit and retain TFC providers. Currently there are approximately 115 to 120 TFC slots.**

Mr. Lecklitner added that the State established two new mental health services for children with more intense mental health needs. The new services include Intensive Care Coordination (ICC) and Intensive Home-based Services (IHBS). Children identified as having a more intense level of need are placed into the Katie A. Subclass and are eligible for these new services. Subclass members include children in Group Homes and those receiving Wraparound and TFC services. The State requires counties to submit semi-annual reports indicating the number of youth receiving ICC and IHBS. Los Angeles County reported less than 100 youth receiving these services in its first report to the State; the most recent report due in June of 2013 indicates that approximately 1,700 DCFS youth are now receiving these services. The State has been working with consultants to define and determine how TFC will be paid for. TFC is an alternative to Group Home Care and involves a treatment team in place with a foster parent being a member of this team. Part of the issue in retaining TFC parents is limited funding. The State will be issuing a manual towards the end of 2014 instructing counties on the implementation and funding of TFC.

Improved Quality Service Reviews (QSR)

- **Mr. Miller explained that a QSR is one of the components of the County's exit criteria from the Katie A. class action lawsuit which speaks to the overall area of practice for DMH and DCFS. The review process involves case reviews and interviews with staff, consumers and children conducted in 18 month cycles. Key indicators measured include outcomes and the factors that contributed to these outcomes. Two sets of indicators include the case status and the practice applied. Exit conditions require achieving a score of 85% on the status indicators and 70% across time in the area of Engagement and Teaming. All of the DCFS offices have completed a QSR at a baseline level. The recent QSRs show strong results in the area of Engagement.**

In response to questions posed by the Commission, the presenters responded with the following:

- **Mr. Lecklitner explained that there are approximately 10,000 providers with various mental health credentials in the County. During fiscal year 2012/13, 14,000 youth received an Evidence Based Practice out of the 24,000 youth in DCFS system. In addition, the access and quality of services has improved, partly attributed to the Mental Health Services Act Prevention and Early Intervention Program.**
- **Brian Bruker, DCFS indicated that the QSR sample sizes are relatively small consisting of 10 to 12 cases for each regional office. The cases are randomly selected based on certain criteria including age and length of time in care. The age groupings are; 0 to 5, 6 to 15 and 16 to adult.**
- **Ms. Davenport explained that a report back will be provided on support services for youth preparing to exit the child welfare system and the determination of needed Supplemental Security Income (SSI) benefits at a future Commission meeting.**

Director Browning added that the QSR reviewers are composed of a DMH and DCFS staff member with a Katie A. Panel Member frequently participating. During the review, the need for future SSI benefit for youth with severe mental health conditions would be identified. However, a closer look at the mental health assessment tool will be done to determine whether SSI need should be added to the assessment tool.

Mr. Bruker added that the assessment tool has Preparation for Adulthood as an indicator.

- **Director Browning explained during a recent meeting with DMH Director Marvin Southard and other county directors, the funding issues with Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) were discussed. The consensus was that there should be additional resources for the mental health component of EPSDT. A meeting with the State is forthcoming.**
- **Mr. Lecklitner explained that realignment has decreased funding for mental health services. There were no additional funds for the newly required ICC and IHBS for Katie A. subclass members. The California Mental Health Directors Association has submitted a complaint to the State on this unfunded State mandate. Existing funds are being used to provide these required services.**

Meeting Katie A. Outcome Measures

- **Mr. Miller explained that the original Katie A. Settlement Agreement established 7 Permanency and 3 Safety measures with a minimum requirement for each area. Over the past three to five years, all performance indicators have been met. Work is being done with the State to improve the tracking and reporting of abuse in out-of-home care. Currently, the measure of Reunification within 12 months indicator is not being met. Practices in the area of reunification are being closely examined to ensure safety and continuity of services for the youth.**

The Commission requested Ms. Davenport to provide a DCFS Strategic Plan Update at a future meeting and an overview of the interface with the DCFS Strategic Plan and the Systems Improvement Plan.

By Common Consent, there being no objection (Commissioners Cooper, Kang, Kleinberg, Shevlin, and Vice Chair Olivas being absent), this item was received and filed.

IV. MISCELLANEOUS

Matters Not Posted

8. Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting of the Commission, or matters requiring immediate action because of an emergency situation or where the need to take action arose subsequent to the posting of the agenda. (14-1887)

There were none.

Announcements

9. Announcements for the meeting of April 28, 2014. (14-1888)

There were none.

Public Comment

10. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. (14-1889)

No members of the public addressed the Commission

Adjournment

11. Adjournment of the meeting of April 28, 2014. (14-1890)

The meeting adjourned at 11:50 a.m.